**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ**
**БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**

# М А Т Е Р І А Л И

**106-ї підсумкової науково-практичної конференції**
**з міжнародною участю**
**професорсько-викладацького колективу**
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.



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**Rak L.M.**

## THE ROLE OF INFECTIOUS AGENTS IN THE DEVELOPMENT OF PRECANCEROUS CERVICAL PATHOLOGY

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**Introduction.** Although human papillomavirus (HPV) is the most common cause of cervical cancer, it is not the only etiological factor. Cervical neoplasia is also associated with bacterial agents such as *Chl. trachomatis, N. gonorrhoeae, M. hominis,* and *Ureaplasma spp.* (H. Ye, T. Song, 2018, J. Smith, 2022). It is known that sexually transmitted infections (STIs) are significantly linked to an increased incidence of cervical cancer (Abebe M, 2022).

Genital infections caused by *Chlamydia trachomatis* (CT) are recognized as a serious health problem. CT is associated with adverse effects on female reproduction and is linked to cervical hypertrophy and squamous metaplasia, indicating a potential connection to HPV infection (Silva, J.2022).

**The aim of the study.** To study the role and structure of infectious (bacterial) agents in the development of precancerous cervical pathology to improve the effectiveness of treatment for this condition.

**Material and methods.** A comprehensive examination of 64 women of a reproductive age was conducted. The patients had confirmed cases of precancerous cervical pathology (mild and moderate dysplasia – cervical intraepithelial neoplasia grade 1 (CIN 1) and CIN 2, respectively) diagnosed through objective examination. Cervical examinations using specula, simple and extended colposcopy, cytological diagnostic methods, and cervical biopsy with subsequent histological examination were performed as indicated. The species spectrum of vaginal and cervical canal microflora was studied in these patients. The presence of pathogenic and conditionally pathogenic bacterial microflora was determined, including STI agents (*CT, Trichomonas, Gardnerella, Mycoplasma, Ureaplasma,* viral agents (herpes simplex virus, type II)).

Diagnostic methods included bacterioscopic examination (Gram staining), bacteriological examination with determination of microbial count and antibiotic sensitivity, polymerase chain reaction and direct immunofluorescence reaction. For conditionally pathogenic microflora, mycoplasmas, and ureaplasmas, a microbial count >104 was considered etiologically significant.

**Results.** Chlamydia was detected in 23 women (35.9%), Trichomonas in 46 (71.9%) patients; myco-ureaplasmal infection in 18 (28.1%) and in 11 (17.2%) cases, respectively. Herpes virus (type 2) was present in 8 patients - 12.5%. Bacterial conditionally pathogenic microflora (*S. aureus, E. faecalis, E. coli, P. vulgaris*) was present in 42 - 65.6% of cases.

The majority of patients had associations of microorganisms (81.2% of women). Thus, in patients with precancerous cervical pathology, an infectious factor was identified in 100% of cases – all women. Persistence of high-risk oncogenic papillomavirus was present in 33 (51.6%) cases, emphasizing the role of not only HPV in the development of cervical dysplastic processes but also pathogenic and conditionally pathogenic bacterial microflora and sexually transmitted infections.

**Conclusions.** At the diagnostic stage for patients with precancerous cervical pathology, it is mandatory to examine them for sexually transmitted infections and high-risk oncogenic HPV DNA. Treatment for this category of patients should be phased, starting with the treatment of genital infections.

**Rusoi N.V.**

## THE EFFECT OF PREECLAMPSIA ON THE WORK OF THE HEART DURING PREGNANCY

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**Introduction.** Pregnancy, which is considered as a stress test of the hemodynamic system, can exacerbate already existing heart diseases. Pregnancy can also contribute to heart disease. NT-proBNP is a useful biomarker for the diagnosis of heart failure in pregnant women. Elevation of

NT-proBNP in pregnant women with existing heart disease may lead to early diagnosis of threatened heart failure. Elevated levels of NT-proBNP help diagnose perinatal cardiomyopathy and are increasingly used in follow-up. Pregnant women with known congenital heart defects can be screened for the risk of heart disease, such as heart failure, using NT-proBNP levels.

**The aim of the study.** To investigate the effect of preeclampsia on the work of the heart during a woman's pregnancy.

**Material and methods.** A study was conducted of pregnant women whose age range was from 18 to 45 years.

**Results.** After conducting a study of pregnant women (60 research group) with preeclampsia and (30 control group) without preeclampsia on the basis of the Chernivtsi Regional Perinatal Center, it was observed that the risk of developing high blood pressure and the risk of heart diseases increases in this research group. Preeclamptic pregnancies don't necessarily lead to heart problems, but in some women, it can be an early warning sign of heart disease in the future.

The level of NT-proBNP in the blood plasma of pregnant women with preeclampsia was determined and it was found that the more severe the degree of preeclampsia, the higher the level of NT-proBNP in the blood plasma. None of the women with NT-proBNP levels below 100 pg/ml had adverse cardiovascular disease.

It is also worth noting that 90% of the studied group of women with preeclampsia were overweight and obese (increased body mass index (>25 kg/m2)), which in turn also increases the load on the heart.

It is recommended to undergo a comprehensive evaluation of cardiovascular risk factors within 6-12 weeks after delivery for women with preeclampsia. And for better monitoring of the pathology of the cardiovascular system, in particular the development of heart failure, it is necessary to transfer data to the family doctor for continued diagnosis and treatment.

**Conclusions.** Preeclampsia affects the cardiovascular system of a pregnant woman during pregnancy, namely: the load on the heart increases, which can lead to heart failure. The use of NT-proBNP testing as a diagnostic biomarker and predictor of heart failure, as well as its role as a marker of therapeutic response, requires further investigation.

**Semeniak A.V.**

## COMPLICATION OF PREGNANCY DUE TO THREAT OF TERMINATION IN THE FIRST TRIMESTER

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**Introduction.** Prevention of perinatal pathology and preservation of women's reproductive health is one of the most important problems of modern medicine. Despite scientific achievements, the frequency of pregnancy complications remains within 30-40 %.

The threat of termination of pregnancy can be the result of certain diseases of the pregnant woman, pathological development of the fetus and chorion-placenta, which in the future can complicate the normal course of pregnancy and childbirth. Some studies indicate that complications of the first trimester of pregnancy do not have a significant impact on the subsequent course of pregnancy if adequate treatment is available. Thus, the problem remains relevant and requires further research and prevention of complications.

**The aim of the study.** To Assess changes in the further course of pregnancy, the presence of complications in the event of a threat of termination of pregnancy up to 12 weeks to prevent possible complications.

**Material and methods.** To achieve the purpose of the study, we formed two groups: I main group (MG) - 50 pregnant women with a threat of abortion up to 12 weeks and the presence of bloody discharge, II control group (CG) - 40 healthy pregnant women without signs of abortion up to 12 weeks. During the research, general clinical (clarification of complaints, history taking, general somatic medical examination) and obstetric examination, special research methods -